



## INDUSTRIAL PRETREATMENT FACILITY SPILL/SLUG DISCHARGE CONTROL PLAN

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### 1. GERNERAL INFORMATION:

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Industrial User Discharge Permit Number: \_\_\_\_\_

Facility Contact Name and Telephone Number (Include 24 Hour Number)

\_\_\_\_\_

Secondary Facility Contact Name and Telephone Number (Include 24 Hour Number)

\_\_\_\_\_

### 2. FACILITY DESCRIPTION:

Nature of Business: \_\_\_\_\_

Operating Hours Per Day or Per Week: \_\_\_\_\_

Name and Title of Responsible Person: \_\_\_\_\_

Number of Employee: \_\_\_\_\_

#### Provide detailed drawings of facility to include:

Location of all materials

Location of chemicals

Location of all waste

Location of all floor drains

Location of all other discharge points

Location of all outside exits

Location of all posted notices of emergency contacts

### 3. CHARACTERISTICS OF WASTEWATER:

Quantity of Wastewater Discharge per Day or per Month: \_\_\_\_\_

Concentrations of Wastewater Discharged: \_\_\_\_\_

\_\_\_\_\_

### 4. CHARACTERISTICS OF RAW MATERIALS:

Include an inventory of all raw materials, chemicals and waste in the facility.

## 5. SPILL/SLUG CONTROL:

Type of containment used for all chemicals, raw materials, and waste:

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Do you have warning devices prior to any slug release?      ☐ Yes      ☐ No

If Yes, describe:

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6. Do you have emergency response equipment available?   ☐ Yes      ☐ No

If Yes, Describe:

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## 7. NOTIFICATION OF SLUG DISCHARGE

In the event of slug release:

Do you have a procedure to immediately notify the Department of Environmental Resources Management,  
24-hour Emergency Response Hotline at (305) 372-6955?      ☐ Yes   ☐ No

Do you have notices posted of appropriate contact persons with phone numbers?      ☐ Yes   ☐ No

8. Do you review and update your Spill/Slug Control Plan every other year at a minimum?   ☐ Yes   ☐ No

9. Provide a synopsis of your training program dealing with spill/slug control.

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## 10. CERTIFICATION:

I certified under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of known violations. I also understand that applicable civil and criminal penalties may apply for any violations of pretreatment standards, requirements and/or compliance schedules.

Name & Title of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_